

**DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF PERSONNEL MANAGEMENT  
REQUEST FOR POOL POSITION**

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AGENCY/INSTITUTION

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DATE

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**POSITION TO BE SURRENDERED**

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POSITION/ITEM NO.

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CLASSIFICATION TITLE

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GRADE

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CLASS CODE

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**CLASSIFICATION REQUESTED**

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CLASS TITLE

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GRADE

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CLASS CODE

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I HEREBY CERTIFY/UNDERSTAND THAT:

- A. The position requested is critical to the operation of this Agency/Institution and a detailed justification for this request is attached. (Justification should be detailed and not less than one typed page in length.)
- B. Sufficient funds are available to fund this position at the requested grade.
- C. This is a full time position that will not be used for any other purpose than that which is outlined in the attached narrative.
- D. The position to be surrendered is the highest graded position available and the loss of this position will not adversely affect the operation of this Agency/Institution.
- E. No current employee will be displaced by this action.
- F. The position has been audited and the classification requested is the classification recommended as a result of that audit.
- G. The position must be re-audited within six months after it is authorized.

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AGENCY/INSTITUTION PERSONNEL REP

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AGENCY/INSTITUTION HEAD

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